

SC - BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM
BEST CHANCE NETWORK
INCOME ELIGIBILITY GUIDELINES
FOR THE PERIOD OF 06/30/21 –06/29/22

FAMILY SIZE	SCALE \leq250% PATIENT PAYS 0% Annual Income
1	\$32,200 or less
2	\$43,550 or less
3	\$54,900 or less
4	\$66,250 or less
5	\$77,600 or less
6	\$88,950 or less
7	\$100,300 or less
8	\$111,650 or less
NOTE: For families/households with more than 8 persons, add \$11,350 for each additional person.	

The family size and income should be reviewed with the patient annually and documented on the BCN enrollment form.

Source: US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, HHS Poverty Guidelines for 2021, <https://aspe.hhs.gov/2021-poverty-guidelines>